

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled INJECTION MOLDING OF LIVING TISSUES, the specification of which:

is attached hereto.
 was filed on _____ as Application Serial No. _____ and was amended on _____.
 was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/271,104	February 23, 2001	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

J. Peter Fasse, Reg. No. 32,983
John W. Freeman, Reg. No. 29,066
Charles H. Sanders, Reg. No. 47,053

Timothy A. French, Reg. No. 30,175
John F. Hayden, Reg. No. 37,640

Address all telephone calls to J. PETER FASSE at telephone number (617) 542-5070.

Address all correspondence to J. PETER FASSE at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: LAWRENCE J. BONASSAR

Inventor's Signature: _____ Date: _____
Residence Address: 386 Central Street, Acton, MA 01720
Citizenship: United States of America
Post Office Address: 386 Central Street, Acton, MA 01720

Full Name of Inventor: JON A. ROWLEY

Inventor's Signature: _____ Date: _____
Residence Address: 3304 G G Brown, Ann Arbor, MI 48109
Citizenship: United States of America
Post Office Address: 3304 G G Brown, Ann Arbor, MI 48109

Full Name of Inventor: DAVID J. MOONEY

Inventor's Signature: _____ Date: _____
Residence Address: 3074 H H Dow, Ann Arbor, MI 48109
Citizenship: United States of America
Post Office Address: 3074 H H Dow, Ann Arbor, MI 48109

20393348.doc

AUGUST 2001
U.S. PATENT AND TRADEMARK OFFICE